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CONFIRMATION NO. 4266

<b>SERIAL NUMBER</b> 10/627,990	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 25352
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/451,715 03/05/2003

KG

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 02 016 864.7 07/30/2002

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/23/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials KG		

## ADDRESS

20529

## TITLE

Transdermal delivery system

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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